

REQUEST FOR TRAINING ORDERS

NAVMARCORESREDCEHONO 1571.7 (REF.3-96)

1. SSN		2. GRADE/RANK		3. NAME(LAST, FIRST. MIDDLE)	
4. DESIG/NEC:		5. SEX:		6. WORK PHONE ()	
7. HOME PHONE ()					
8. HOME ADDRESS: Island:				8a. RESERVE UNIT/LOCATION	
9. TYPE: <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOLV <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACIC					
10. A. REPORT: DATE: TIME:		B. NUMBER DAYS: AT ADT IDTT DAYS: B A		C. DESTINATION UIC COURSE: CDP CIN COURSE: NAME	
11. DESTINATION COMMAND CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO POC:					
12. TRAVEL ITINERARY: DESIRED DEPARTURE: DATE: TIME: NET: NLT: AIRPORT, DEP: ARR: FOR AFLOAT EMBARK DEBARK-		13. TYPE TRAVEL: <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO 1. <input type="checkbox"/> GTR Directed/Arranged by NAVPTO/NOLA unless one of the following options is justified and approved in Block 14 per COMNAVRESFORINST 1571.7G 2. <input type="checkbox"/> Govt. Transportation Directed (Airlift/NALO) 3. <input type="checkbox"/> POV Authorized as most advantageous to the government 4. <input type="checkbox"/> POV Authorized not to exceed GTR 5. <input type="checkbox"/> Transoceanic/International Travel 6. <input type="checkbox"/> Local Commute 7. <input type="checkbox"/> Program Manager Use Only 8. <input type="checkbox"/> Program Manager Use Only 9. <input type="checkbox"/> Program Manager Use Only			
JUSTIFICATION/REMARKS: PTSTS# ESN TCN# BCN # RELEASE # ReRemark Remarks:					
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing Inactive duty (drills). I will during my duty I perform, take no action which will amount to or reasonably create the appearance of using my military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for personal gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these standards, I will promptly notify my military superiors.					
15. Date:		16. Applicant's Signature:			
Certification. - Member is fully qualified for requested duty and meets the HIV and all prerequisites for any requested course(s)					
17. Reporting/Additional Instructions/Text Code: RENTAL CAR Y N FLT PAY Y N PER DIEM Y N		IDTT DRILL DATES RESCHEDULING SPECIAL PAY/REQ			
18. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Unit CO/GLCO/OIC:		Date	
19. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		OM site Review		Date:	
20. Remarks:					